

Attorney Docket No.: 9023.21
Application No.: 09/914,682
Filed: February 12, 2002
Page 2

- ☒ Please charge my Deposit Account No. 50-0220 in the amount of \$844.00 for additional claims.
- ☐ A check in the amount \$ _____ to cover _____ is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0220.
- ☒ Any additional filing fees required under 37 C.F.R. § 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17.

Respectfully submitted,



Julie H. Richardson
Registration No. 40,142

Myers Bigel Sibley & Sajovec, P.A.
Post Office Box 37428
Raleigh, NC 27627
Telephone (919) 854-1400
Facsimile (919) 854-1401

**CERTIFICATION OF FACSIMILE TRANSMISSION
UNDER 37 CFR 1.8**

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office via the central facsimile number 703-872-9306 on September 14, 2004.


Rosa Lee Brinson

Attorney's Docket No. 9023-21

PATENT

IN THE UNITED STATES DESIGNATED OFFICE (DO/US)

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SEP 14 2004

In re: Application of Sleva et al.

Serial No.: 09/914,682

Filed: February 12, 2002

For: LOW PROFILE ACOUSTIC SENSOR ARRAY AND SENSORS
WITH PLEATED TRANSMISSION LINES AND RELATED METHODS

Date: September 14, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an AMENDMENT in the above-identified patent application.

☐ Applicant claims small entity status. See 37 CFR §1.27.☐ No additional fee is required.☒ The fee has been calculated as shown below:

(COL. 1)		(COL. 2)	(COL. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	RATE	ADDIT. FEE	OR RATE	ADDIT. FEE
Total	72 -	49	= 23	x 09=	\$	x 18=	\$ 414.00
Indep	12 -	7	= 5	x 43=	\$	x 86=	\$ 430.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+145=	\$	+290=	\$
				Total Add. Fee \$		OR Total	\$ 844.000

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

MYERS BIGEL SIBLEY & SAJOVEC, P.A.
Patent Attorneys
4140 Parklake Avenue, Suite 600, Raleigh, NC 27612
or
P.O. Box 37428
Raleigh, NC 27627
919-854-1400
Facsimile 919-854-1401

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**AMENDMENT AND RESPONSE TO
OFFICE ACTION DATED JUNE 18, 2004**

Sir:

Responsive to the Office Action dated June 18, 2004, please amend the above-identified application as shown.

If any extension of time for the accompanying response or submission is required, Applicant requests that this be considered a petition therefor. The Commissioner is hereby authorized to charge any additional fee, which may be required, or credit any refund, to our Deposit Account No. 50-0220.

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this document.

Remarks begin on page 20 of this document.